



STATE OF WASHINGTON
GAMBLING COMMISSION

P.O. Box 42400 • Olympia, Washington 98504-2400 • (360) 486-3440 • TDD (360) 486-3637 • FAX (360) 486-3631

AFFIDAVIT FOR TRAINING EXEMPTION

(Activity)

On behalf of the licensee identified as _____,
(Name of Organization)

_____, the signatories below attest as follows:
(City)

1. I understand and will comply with the rules, restrictions, and requirements as set out in the training document as well as any other applicable rules contained in the WAC codes;
2. I understand my obligation to maintain and keep current a copy of the Commission's rules and to produce a copy of those rules to any person on demand and that failure to have current copy does not diminish my obligation to abide by those rules; and
3. I will furthermore ensure that any and all personnel under my control will be aware of and adhere to all the appropriate rules for the activity being conducted.

Dated this _____ day of _____, _____

• Print Name: _____ Title: _____

Signature: _____ Social Security #: _____ - _____ - _____

• Print Name: _____ Title: _____

Signature: _____ Social Security #: _____ - _____ - _____

• Print Name: _____ Title: _____

Signature: _____ Social Security #: _____ - _____ - _____